

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							FILING DATE	
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	NO.	OFF.	NO.	OFF.	NO.	OFF.		
1	1						61	
2							62	
3							63	
4							64	
5							65	
6							66	
7							67	
8							68	
9	1						69	
10							70	
11							71	
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13	1						73	
14							74	
15							75	
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17	1						77	
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19							79	
20							80	
21	1						81	
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42								
43								
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45								
46								
47								
48								
49								
50								
TOTAL NO.	5						TOTAL NO.	
TOTAL OFF.	20						TOTAL OFF.	
TOTAL	25						TOTAL	

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